

Comprehensive State-Level HEDIS Reporting in New Jersey

Steven R. Green, PhD
Research Scientist

New Jersey Department of Banking and Insurance

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Health Data Quality Reporting in New Jersey

1997 Health Care Quality Act required:

- managed care plans to report health care quality outcome data and consumer satisfaction data to the NJ Department of Health and Senior Services
- the Department of Health to make these data available to the general public

In New Jersey, there was strong political support and Commissioner-level support for this initiative

Nationally, NCQA and Medicare had also moved to public reporting of health care quality data at the same time

NJ Department of Banking and Insurance Annually Produces Two Reports:

HMO Performance Report:

- is an annual snapshot of HMO performance
- presents 8 CAHPS (consumer satisfaction) measures and 12 HEDIS measures
- has a target audience that includes employers and consumers

HMO Comprehensive Report:

- presents roughly 65 HEDIS measures from all HEDIS sections
- includes multiyear trend data and national, regional and state comparisons
- has a target audience that includes researchers, HMOs and consumers

Data Sources

- HEDIS data are submitted annually from each HMO/POS operating in New Jersey using the Data Submission Tool (DST)
- A subset of HEDIS measures is used in the HMO Performance Report
- Nearly every HEDIS measure contained in the DST is reported in the HMO Comprehensive Report
- State averages are computed for each measure and each plan's performance is statistically compared with the NJ average
- Quality Compass data are used for national, regional and state comparisons

Future Plans

New Jersey tries to stay abreast of developments with health quality data reporting.

Possible next steps include:

- public reporting of quality outcome measures for PPOs
- examining the feasibility of collecting quality outcome measures for physician group practices